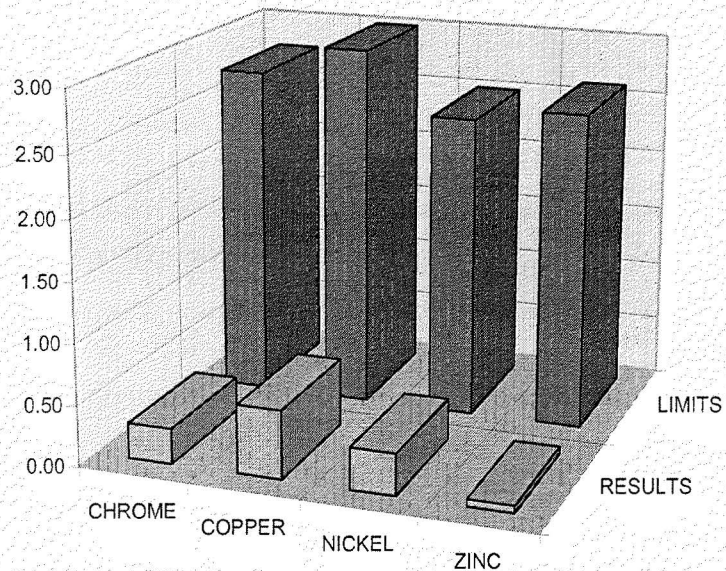


JULY METRO LIMITS

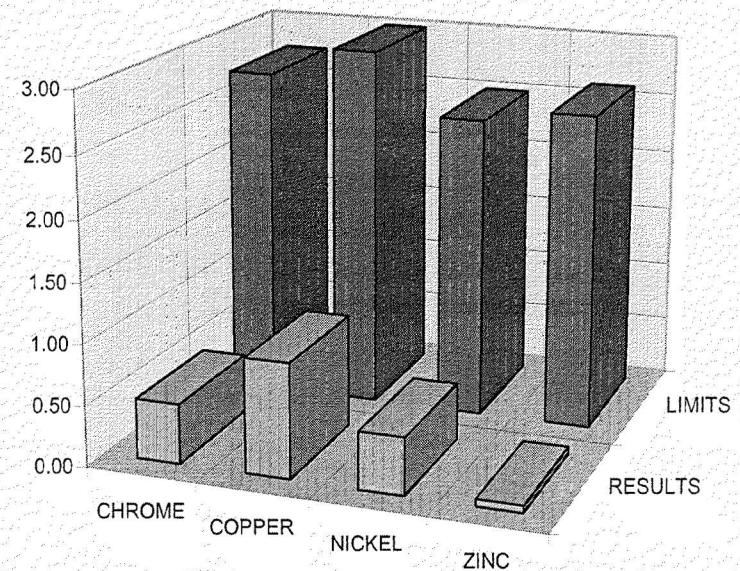


ALASKAN COPPER WORKS

3200 FACILITY

JULY 9, 2009

COMPOSITE M04330



ALASKAN COPPER WORKS

3200 FACILITY

JULY 16, 2009

COMPOSITE M123021

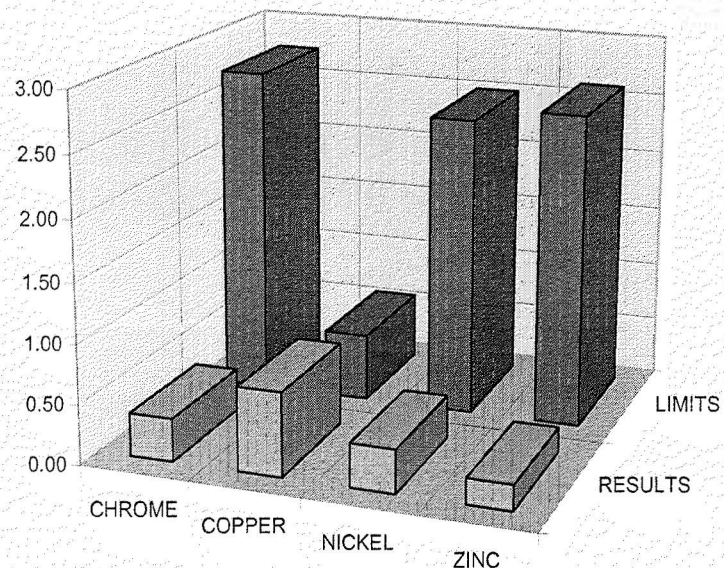
VISUAL REPRESENTATION OF THE LAB RESULTS

NOTE: ALL LABORATORY RESULTS HAVE BEEN CHANGED FROM ppb TO ppm FOR REPORTING PURPOSES

	CHROME	COPPER	NICKEL	ZINC
RESULTS	0.29	0.56	0.34	0.06
LIMITS	2.75	3.00	2.50	2.61

	CHROME	COPPER	NICKEL	ZINC
RESULTS	0.49	0.94	0.47	0.06
LIMITS	2.75	3.00	2.50	2.61

JULY METRO LIMITS

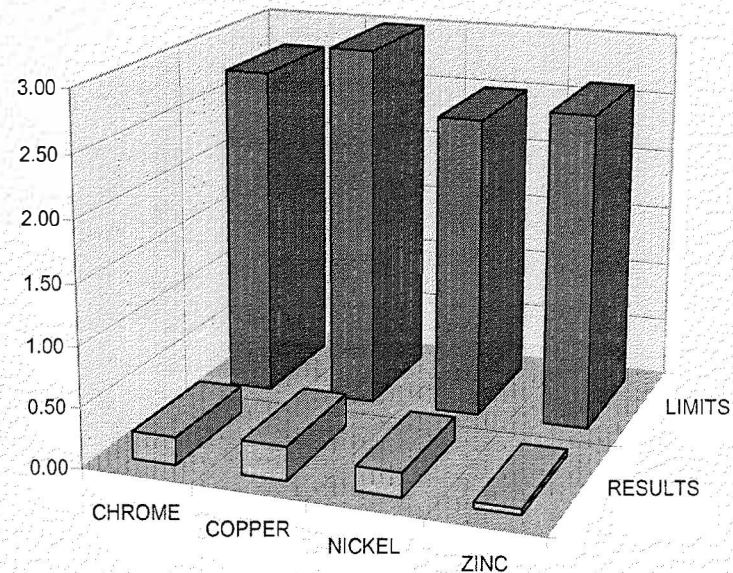


ALASKAN COPPER WORKS

3200 FACILITY

JULY 23, 2009

COMPOSITE M04377



ALASKAN COPPER WORKS

3200 FACILITY

JULY 30, 2009

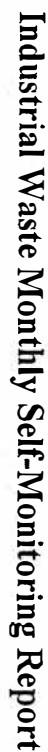
COMPOSITE M04406

VISUAL REPRESENTATION OF THE LAB RESULTS

NOTE: ALL LABORATORY RESULTS HAVE BEEN CHANGED FROM **ppb** TO **ppm** FOR REPORTING PURPOSES

	CHROME	COPPER	NICKEL	ZINC
RESULTS	0.36	0.70	0.36	0.21
LIMITS	2.75	0.57	2.50	2.61

	CHROME	COPPER	NICKEL	ZINC
RESULTS	0.23	0.28	0.20	0.05
LIMITS	2.75	3.00	2.50	2.61



Mail or FAX to: King County Industrial Waste

130 Nickerson Street, Suite 200

Phone 206-263-3000 / FAX 206-263-3001

Company Name: ALASKAN COPPER WORKS

Sample Site No. A-4010 **Permit/DA No.:** 7238

Please Specify Month & Year:

Month JULY

2009


This form is available at <http://dnr.metrokc.gov/wrl/indwaste>

All units are mg/l unless otherwise noted.

Note: For cyanide circle test performed - amenable or total ▼

Sample Date <small>(circle)</small>		Sample Type C (Composite) G (grab) BC (batch)		pH		Cadmium, Cd	Chromium, Cr	Copper, Cu	Lead, Pb	Mercury, Hg	Nickel, Ni	Silver, Ag	Zinc, Zn	Cyanide (CN) Amenable (A) or Total (T)	NP Fats, Oils, and Grease (Average of 3 grabs)	Flow (GPD) Industrial	Notes <small>(Indicate Batch Discharges)</small>
1		Min	Max													1381	
2		9.8	9.9													393	
3		9.9	9.9														4 TH OF JULY
4																	HOLIDAY
5																	WEEK-END
6		9.7	9.8													824	
7		9.6	9.7													977	
8		9.6	9.6													860	
(9)	C	9.6	9.6			.95	.56				.34		.06			1024	
10		9.6	9.7													1112	
11																	
12																	
13		9.6	9.7													880	
14		9.6	9.6													653	
15		9.6	9.6													944	
(16)	C	9.6	9.6			.49	.94				.47		.06			1083	
17		9.6	9.7													1086	
18																	
19																	
20		9.5	9.6													203	
21		9.5	9.6													1297	
22		9.6	9.6													404	
(23)	C	9.5	9.6			.36	.70				.36		.21			1288	
24		9.7	9.7													600	
25																	
26																	
27		9.6	9.7													992	
28		9.5	9.6													746	
29		9.6	9.7													1264	
(30)	C	9.6	9.7			.23	.28				.20		.05			1013	
31		9.6	9.7													1128	
Monthly Min pH		9.5				Total Monthly Flow (gallons)										20152	& Date 7-1-09
Monthly Max pH		9.9				Maximum Daily Flow										1381	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter tested.



Signature of Principal Executive or Authorized Agent

8-14-09

Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter tested.

Signature of Principal Executive or Authorized Agent

Date _____



Industrial Waste Monthly Self-Monitoring Report

Mail or FAX to: King County Industrial Waste
130 Nickerson Street, Suite 200
Seattle, WA 98109-1658
Phone 206-263-3000 / FAX 206-263-3001

Company Name: ALASKAN COPPER WORKS

Sample Site No. A-409

Permit/IDA No.: 7201

Please Specify Month & Year: Month JULY 2009

This form is available at <http://dnr.metrokc.gov/wr/indwaste>

All units are mg/l unless otherwise noted. Note: For cyanide circle test performed - amenable or total ▼

Sample Date (circle)	Sample Type C (Composite) G (grab) BC (batch)	pH		Cadmium, Cd	Chromium, Cr	Copper, Cu	Lead, Pb	Mercury, Hg	Nickel, Ni	Silver, Ag	Zinc, Zn	Cyanide (CN) Amenable (A) or Total (T)	NP Fats, Oils, and Grease (Average of 3 grabs)	Flow (GPD) Industrial	Notes (Indicate Batch Discharges)
		Min	Max												
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															
28															
29															
30															
31															

Monthly Min pH Monthly Max pH & Date

Total Monthly Flow (gallons) Maximum Daily Flow

& Date

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter listed.

Signature of Principal Executive or Authorized Agent

Date

8-14-09

PLEASE CIRCLE ALL PERMIT VIOLATIONS

Due Date: Monthly report is due by the 15th of each month.

AKC-0005490